

ARKANSAS BOARD OF REGISTRATION FOR
PROFESSIONAL ENGINEERS AND LAND SURVEYORS
P.O. Box 3750
Little Rock, Arkansas 72203-3750
www.arkansas.gov/pels
Phone (501) 682-2824 Fax (501) 682-2827
**APPLICATION FOR REGISTRATION
AS A LAND SURVEYOR IN TRAINING**

GENERAL INFORMATION

Date Received Application:

Check:

File Complete on:

__ Approve for Exam

__ Interview

__ Discuss

__ Reject

Name in full _____ Date: _____, 20 _____

If you have ever used another name list it here _____

Social Security No. _____ Telephone (H) _____ (Fax) _____

Telephone (O) _____ Ext. _____

Employer _____

Preferred Mailing Address _____

Present Position _____

Place of Birth _____

Date of Birth _____ Age _____

Are you a resident of Arkansas? _____ Since _____ (year)

Are you a U.S. citizen? _____ If not, where? _____ Photo taken on _____

Have you taken the LSIT exam previously? _____ Where? _____ When? _____

Please tape sides down

**Attach Recent Photograph
With Face Not Less
Then ¾" Wide**

EDUCATION

Preparatory Education (Circle Highest Grade Completed)

1 2 3 4 5 6 7 8 9 10 11 12

Attended high school at _____ for _____ years

Graduated on _____

COLLEGE OR TECHNICAL EDUCATION

INSTITUTION ATTENDED		PERIOD OF ATTENDANCE			TECHNICAL	DATE	DEGREE
NAME	LOCATION	FROM	TO	YEARS	COURSE	GRADUATED	RECEIVED

REFERENCES

Give the names of 3 references, **not relatives and not members of this Board**. Two must be licensed land surveyors who are familiar with your work.

Name	Mailing Address—Street and Number	City	State	Zip Code

MEMBERSHIP IN SOCIETIES, ASSOCIATIONS, OR INSTITUTIONS

(Professional or Scientific)

Name of Organization	Location	Grade of Membership	Date of Entrance

I do hereby certify that I have read the Rules and Regulations of the Board, the Rules of Professional Conduct, and the Arkansas Minimum Standards for Property Boundary Surveys and Plats, and by submitting this application agree to be bound by the Acts of Arkansas, the Rules and Regulations of the Board, the Rules of Professional Conduct, and the Minimum Standards and that a violation of any of the above could be the basis for revocation of my license.

Signature of Applicant

AFFIDAVIT

(To be attested before a Notary Public or other officer authorized to administer oaths)

State of _____
ss

County of _____

On the day of _____, 20____, before the undersigned, a Notary Public, in and for the County and State

Aforesaid, came _____

a resident of _____, County and State of _____, known to me as the person herein described and subscribing hereto, as having signed the form of application attached hereto, and on oath deposes and says that the statements made are true.

Signature of Affiant _____

Subscribed and sworn to before me, this _____ day of _____, 20

(Notary Public)

ENDORSEMENT

I, _____,
(Name) (Title or Position)

of the _____ hereby certify that I have examined the foregoing record which to the best
EMPLOYER OR SUPERVISOR

of my knowledge and belief is correct and recommend that the applicant named herein be approved for examination as a Surveyor-in-Training.

EMPLOYER OR SUPERVISOR